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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) 016866-002220	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/626,301			Filed July 23, 2003	
	RETENTATE CHROMATOGRAPHY AND PROTEIN APPLICATIONS IN BIOLOGY AND MEDICINE	N CHIP ARRAYS		
Art Unit 1639			Examiner Teresa D. Wessendorf	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_60
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
$\boxtimes$	Applicant claims small entity status. See 37 CFR 1.27.			
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
$\boxtimes$	The Director has already been authorized to charge fees in this application to a Deposit Account.			
$\boxtimes$	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
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l an	n the applicant/inventor.	į 01	FC:2251 60.00	DA
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number 37,330				
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34				
Luarnia Samil Workendli 9/19/05				9/05
Signature Date				
	Eugenia Garrett-Wackoyski, Reg. No. 37,330		925-472-5000 Telephone Number	
	Typed or printed name		i elephon	e inumber
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
$\Box$	Total of forms are sub-	mitted.		